



Massachusetts Department of
Developmental Services (DDS)



Massachusetts Councils
on Aging (MCOA)



Center for Developmental Disabilities
Evaluation and Research

Changes in the individual's behavior can be symptoms of dementia. All behaviors are a non-verbal form of communication. Never take them personally, nor be judgmental. The individual will have good days and bad days, so anticipate changes, stay flexible, and maintain a sense of humor. The National Down Syndrome Society suggests a 3-step process to help work through behavioral symptoms: 1) Try to identify what's upsetting the individual. Pain or discomfort? An over stimulating environment? A change in routine? Fatigue? 2) What can be done to help make the individual more comfortable? It's important to give the individual reassurance, affection, and emotional support. 3) Seek alternative approaches if your response is not effective. Take note of the environment, the time of day, and any physical symptoms the individual may be experiencing, to try to determine what could be changed or improved to respond to the individual's needs.



General Strategies:

It is common for a person with dementia to become overwhelmed, and they may react with behaviors that express anger, anxiety, frustration, fear, aggression, paranoia, or weeping behavior. Some approaches to try to prevent or calm the individual are:

- Maintain a calm, quiet environment. Try soothing music or a gentle touch.
- Use memory aids and routines.
- Keep daily routines simple and limit choices.
- Break down tasks into steps.
- Give time for the individual to process and respond to requests.
- Distract or divert attention with an activity.
- After minor mishaps, give the individual a chance to calm down.

WANDERING is a common occurrence in people with Alzheimer's and other dementias. People may wander for a number of reasons: Stress or fear, pain or discomfort, boredom, following past routines or tasks or even an attempt to fulfill basic needs like looking for the bathroom. The main goal is safety. Prevention and other interventions:

- Wandering is not a danger if it occurs in a safe and controlled place. Some places have wandering paths.
- Keep a routine, supervision and stricture. Anticipate and address basic needs.
- Know who may be a risk and plan accordingly; e.g., if it occurs at the same time, plan meaningful activities during this time. Know what side is dominant as people may tend to wander in the direction of the dominant hand.
- Remove or reduce any hazardous situations such as installing gates at stairs.
- Camouflage doorways and other potential invitational opportunities using visual deterrents.

- Install locks and alarms such as motion sensor devices, door chimes and locks, baby monitors, GPS devices, and other commercially available products. Some group homes may need to follow certain protocols such as **Human Rights Review** to implement, but documentation with rational reasons can support this intervention.

- Have a plan in place that outlines typical tendencies, meaningful sites and includes a picture of the person, medical information, and emergency facts sheet.
- Know your home, and neighborhood for potentially dangerous spots.
- Develop relationships with local police, neighbors and close friends and inform them of this possibility. Group Homes will need to consider privacy related protocols and plan accordingly.
- Enroll the person in Safe Return which is a registration (for a small fee) with the Alzheimer's Association.
- Wait no more than 15 minutes before calling 911.



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DELUSIONS AND HALLUCINATIONS

can occur as dementia progresses, and these can be particularly distressing for an individual with dementia. Delusions are typically fixed beliefs that are not true ("you're poisoning me!") and hallucinations are visions or sounds that an individual hears that are not real ("there's a man looking in my bedroom window! I saw him!"). Some approaches to try are:

- Do not argue or try to convince the individual that their belief or story is incorrect.
- Reassure the individual when the hallucination is upsetting or frightening.
- Use positive redirection to distract or direct the individual's attention to something more pleasurable.
- Reduce clutter and shadows in the environment.
- Help the person see and hear as clearly as possible, e.g. clean their glasses and make sure hearing aids are used properly.

SUNDOWNING is a term that generally describes the worsening of symptoms, such as agitation or confusion, in the late afternoon or evening. Fatigue and the decreasing light all seem to have an impact. Some approaches to try are:

- Keep the area well lit.
- Schedule major activities for earlier in the day.
- Reduce large group activities later in the day.
- Alternate activity with rest periods.
- Allow the individual to pace where you can monitor them safely.
- Offer quiet companionship.
- Increase security and comfort by offering "warm fuzzy objects", soothing music, or a favorite activity or treat.

SLEEP DISTURBANCES include changes in the sleep-wake cycle, inability to settle down for sleep, and disorientation at night. These are problematic for the individual, but also for peers, whose sleep may also be affected. Some approaches to try are:

- Establish a consistent bedtime routine.
- Encourage a consistent wake up time, no matter when the individual goes to bed.
- Discourage napping during the day.
- Keep the home brightly lit day and night.
- Discourage liquids before bed and be sure toileting has occurred.
- Avoid caffeine, alcohol, and excess sugar.
- Review medications for side effects, and offer any prescribed pain medications a half hour before bedtime.
- Offer a comforting object or music at bedtime.